



## A CASE STUDY: AYURVEDIC MANAGEMENT OF PAKSHAGHATA

Dr. Deekshant Thakur\*

India.



\*Corresponding Author: Deepa Anserwadekar

India.

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## ABSTRACT

*Pakshaghata* is a clinical entity that is classified as the umbrella of substantial *Vata vyadhi* which includes the eighty varieties of *Nanatmaja Vata Vikara* also referred to as *Vata* dominant *Vikruti* (illness). Loss of voluntary function on one side of the body is termed as *Pakshaghata*. By stating that morbid *Vata* beholds either side of the body, dries up the *Sira* (nerve) and *Snayu* (tendon) of that section and brings *Cheshta –Nivrutti* (lack of movement), *Ruja* (pain), and *Vaakstambha* (unable to speak), *Pakshavadha* (*Pakshaghata*) Among the disorders of *Madhyama Roga Marga*, or *Marma –Asthi –Sandhi Marga*, is regarded as *Pakshaghata*. Hemiplegia can be used to interpret *Pakshaghata's* description. Hemiplegia is often associated with stroke, among other factors. A stroke involves an abrupt loss of blood flow to part of the brain, causing ischemia and neurological issues like weakness, sensory loss, or speech difficulties. Strokes are a major cause of hemiplegia, accounting for 9.94% of all deaths in India, with an incidence of 200 per 100,000 people. This rate is rising in developing countries like India. Stroke is not a single disease but a group of disorders, often leading to severe, long-term disabilities affecting both body and mind. In managing *Pakshaghata*, Ayurvedic practitioners recommend various treatments including *Snehana* (oleation), *Sweda* (sudation), *Mrudu Samshodhana* (mild purification), *Mastishkya Shiro Basti* (head treatments), *Nasya* (nasal therapy), *Upanaha* (poultice), and *Basti* (enema) based on *Vyatyasa Chikitsa Siddhanta* (principle of variable treatment).

**KEYWORDS:** *Pakshaghata*, Hemiplegia, *Vata*, *Mrudu Samshodhana*.

## INTRODUCTION

*Pakshaghata* is one among the *Vataja Nanatmaja Vyadhi*,<sup>[1]</sup> where *Sira* and *Snayu* get *Vishoshana*<sup>[2]</sup> by the *Vata Dosha*. *Paksha* denotes half of the body. *Aghata* is loss of voluntary muscle functions. *Pakshaghata* is *Akarmanya Vata Vyadhi*. *Acharya Charaka* explains that it is mainly produced due to *Dhatukshaya* and *Margavarodhajanya Vata Prakopa*, where *Avarana* of *Vata Dosha* by other *Dosha* and *Dhatu* takes place and leads to *Karma Kshaya* of half of the body associate along with *Gouravata*.

*Acharya Vagbhata* describes this phenomenon as *Sira Snayu Vishoshana* in one side of the body leads to *Sandi Bandha*<sup>[3]</sup> *Vimokshana*, *Hasta Pada Sankocha* and *Vaak Sanga*. If patient presents with the symptoms of *Achetana*, that is, numbness he may become bed ridden and ultimately attain to death.

According to *Acharya Sushruta* the *Kevala Vata* is *Krichra Sadhya*,<sup>[4]</sup> *Vata* with other *Dosha –Anubandha* is *Sadhya*. When *Dhatukshaya* leads to *Pakshaghata* it is *Asadhya*.

*Chikitsa – Sutra of Pakshaghata* includes *Virechana*, *Basti*, *Nasya*, *Mrudusamshodhana* and *Bahirparimarjana Chikitsa* like *Abhayanga*, *Ksheeradhooma* and *Shirodhara*.

Hemiplegia<sup>[5]</sup> is most common manifestation of the stroke, which is one among the leading cause of death and disability in India. Hemiplegia is a paralysis that affects one side of the body. It's often diagnosed as either the right or left hemiplegia, depending on which side of the body is affected. According to the National Stroke Association, as many as “9 out of 10 stroke survivors have some degree of paralysis immediately following a stroke”. Hemiplegia is caused by an injury to the parts of the brain that control movement, resulting in the inability to control the voluntary movement of a muscle or a group of muscles. It's often accompanied by these Muscle spasticity (weakness in the muscles), Muscle atrophy (loss of muscle strength) and pain. Subacute infarcts in the left basal ganglia, Right frontal and left fronto –parietal regions lead to Occlusion in the middle cerebral artery. Obesity, RHD (Rheumatoid heart disease) is leading

cause of the stroke. Hemiplegia, Dysarthria are the usual clinical manifestations. Vitals should be managed first followed by symptomatic treatment.

## CASE REPORT

### ATURA PARICHAYA

- ❖ A 51 year old male patient came to OPD OF JIAR Jammu on 1 May 2025.
- ❖ Patient name – IQWAL SINGH.
- ❖ Age/ sex – 51/M.
- ❖ Religion – HINDU.
- ❖ Occupation – Shopkeeper.
- ❖ Address – TRIKUTA NAGAR, JAMMU.
- ❖ OPD NO/IPD NO – 3391/ 112.
- ❖ DOA – 2 May 2025.
- ❖ WARD/ BED NO. – MALE WARD BED NO 4.

### PRADHANA VEDANA

- ❖ Loss of function of right side of body since 1 year.
- ❖ Inability to speak since 1 year.

### VEDANA VRUTTANTA

- ❖ Patient was apparently alright 1 year ago, then suddenly patient got unconscious on 28 april 2024. Patient was taken to hospital and managed accordingly for 1 to 2 days in Jammu, then patient was referred to higher center for further management. There relevant investigation was done.
- ❖ CT Head was done s/o infarct on left parietal side. 3D MRI was done which showed hemorrhagic infarct in left MCA with left MCA thrombosis. Patient was managed accordingly for 2 months, patient shows improvement but not fully recovered. After 2 months, patient got episodes of seizures, leads to loss of motor function of right side of body with inability to speak. Treatment continued for next 10 month.

2 months back, patient gets one more episodes of seizure and patient condition deteriorates more. Hence patient came to JIAR Jammu for further management.

### POOR VA VYADHI VRUTTANTA

- ❖ K/C/O – Hypertension since 5 years.
- ❖ NO H/O T2DM, HYPO/HYPERTHYROIDISM.

### KUTUMBH VRITANTA

- ❖ No significant history was found.

### VYAKTIKA VRUTTANTA

- ❖ Appetite – Reduced
- ❖ Bowel habit – Constipation.
- ❖ Micturition - 7-9 Times/day.
- ❖ Sleep- Disturbed sleep.
- ❖ Socio economic status- Middle class.

### GENERAL EXAMINATION

- ❖ General condition – Pallor – Absent.
- ❖ Unfair. Cynosis- Absent.
- ❖ Oedema- Absent. Clubbing –

- ❖ Icterus – Absent. Absent.
- ❖ Lymphadenopathy – Weight – 59 Kg.
- ❖ Absent. BMI – 19.2.
- ❖ Height – 5 feet 7 Inches. Pulse – 70/min.
- ❖ BP – 110/70 mm of hg. Temp – 98 F
- Respiratory rate – 16/min.

### SYSTEMIC EXAMINATION

- ❖ Gastro intestinal system – Abdomen soft, non-tender and No Organomegaly was found.
- ❖ Respiratory system – Symmetrical chest, no added sound, bilateral normal air entry. Normal vesicular sound heard.
- ❖ Cardio vascular examination – S1, S2 heard, no murmur was found.
- ❖ Locomotor examination – Patient was able to walk without support. Spastic gait. Absence of arm swing on right side and loss of balance on turning around. Finger tapping test – negative on right side. Positive on left side. Hand grip test – Positive on left side. Negative on right side.

### CNS EXAMINATION

- ❖ Conscious, oriented to time, place and person.
- ❖ Memory – Intact.
- Cranial Nerve Examination-
- ❖ OLFACTORY :- Smell sensation – Intact
- ❖ OPTIC:-
- a) Visual acuity - Not affected.
- b) Visual field-Not affected.
- c) Light reflex - Not affected.
- d) Drooping of eye lids (Ptosis) – Absent.
- ❖ OCCULOMOTOR Eye ball movement possible in all directions
- ❖ TROCHLEAR Eye ball movement possible in all directions
- ❖ ABDUCENT movement possible in all directions
- Pupil :- Position- No abnormality detected.
- Shape No abnormality detected.
- Size No abnormality detected.
- Symmetry No abnormality detected.

### ❖ TRIGEMINAL NERVE

- |          |                          |           |
|----------|--------------------------|-----------|
| Sensory  | Touch                    | Present   |
|          | Pain                     | Present.  |
| Motor: - | Pressure sensation       | Present   |
|          | Clenching of teeth       | Possible. |
|          | Lateral movements of jaw | Possible. |

### ❖ FACIAL NERVE

- |                                   |                     |
|-----------------------------------|---------------------|
| a) Forehead frowning              | Possible            |
| b) Eyebrow raising                | Possible.           |
| c) Eye closure against resistance | Possible            |
| d) Blowing of cheek-              | Possible            |
| e) Nasolabial fold-               | Equal on both sides |

❖ **VESTIBULO COCHLEAR NERVE**

✓ Rinne's test- Negative.

✓ Weber's test- Equal on both sides.

❖ **GLOSSOPHARYNGEAL & VAGUS NERVE**

Position of uvula - No deviation.

Taste sensation - Intact.

❖ **ACCESSORY NERVE**

Shrugging the shoulder- Possible against resistance on left side

Not possible on right side

Neck movement - Possible against resistance

❖ **HYPOGLOSSAL NERVE**

Protrusion of tongue - Possible

Tongue movements - Possible

❖ Higher mental function – slow, slur speech.

❖ Muscle movements Coordination – poor.

❖ Tandem walking test - negative.

❖ Romberg's sign test – negative.

❖ Muscle power

Right upper limb – 0

Left upper limb – 5

Right lower limb -0

Left lower limb- 5

**Reflexes**

Biceps jerk – Right side – 3+

Left side – 2+

Triceps jerk – Right side – 3+

Left side – 2+

Knee jerk – Right side – 3+

Left side – 2+

Supinator Jerk – Right side – 3+

Left side – 2+

**ASTHASATHAN PARIKSHA**

○ Nadi - Vataj. (70/ min)

○ Drik - Samanya, shweta

○ Mala- Niram.

○ Shabda – Ksheena and aspatha.

○ Mutra - Samanya.

○ Sparsha – Khara.

○ Jiwha - Saam.

○ Akruthi – Krish.

**DASHAVIDHA PARIKSHA****PRAKRUTI:** Vata pradhan tridhoshaj.**VIKRUTI:** vata-Kaphaj, Dushya- Rasa, Rakta, Masa, Meda**SARA :** Madhyam**SAMHANAN:** Madhyam**PRAMANA:** Madhyam**SATMYA:** Madhyam**SATVA:** Madhyam**AHARA:** Madhyam**VYAYAM SHAKTI:** Avara**VAYA:** Madhyam**MANAGEMENT****SHODHAN CHIKITSA**

Date	Procedure	Aoushada	Days
2 may 2025- 6 may 2025	Shehpan	Kalyanaka Ghrita	5 days
2 may 2025- 6 may 2025	Abhyanga & Swedana	Sahacharadi taila & Nadi swedana	5 days
8 may 2025	Virechana	Arghavada phal majja	1 day
9 may 2025- 15 may 2025	Sansarjan krma	Payadi krma	7 days
17 may 2025-20 may 2025	Shehpan	Kalyanaka Ghrita	3 days
17 may 2025-20 may 2025	Abhyanga & Swedana	Sahacharadi taila & Nadi swedana	3 days
22 may 2025 -21 june 2025	Karma vasti	Manjishtadi Kwath, Rasna Saptak Kwath niruha basti – 12 Mahamasha Taila Anuvasana basti - 18	30 days
22 june 2025-28 june 2025	Sansarjan krma	Payadi krma	7 days

○ **SHAMAN AUSHADIS :-** 2 months.○ **TAB SINGHNAD GUGGAL** 250 MG 1 TDS (A/M) WITH LUKE WARM WATER.○ **TAB TRIPHALA GUGGAL** 250 MG 1 TDS (A/M) WITH LUKE WARM WATER.○ **LASHUNADI VATI** 250 MG 1 TDS (A/M) WITH WATER.○ **ASWAGANDHA ARISTHA** 25ML + EQUAL QUANTITY OF WATER BD.○ **SYP. M. SANKHPUSHPI** 2 TSF TDS.

Left lower limb- 5

❖ **Muscle power - (After Treatment)**

Right upper limb – 4

left upper limb – 5

Right lower limb -4

Left lower limb- 5

**DISCUSSION**

1. *Abhyanga* (Oleation) - *Abhyanga* is rubbing the body in the same direction as hair follicles with any *Snehas* (fats). The body gets strong and stable, and the skin becomes *Drudha* and excellent by anointing it with oil, which acts on vitiated *Vata*, and the body becomes capable of withstanding fatigue and exercise, much as the pot, leather, and axle of the

**RESULT****Muscle power – (Before Treatment)**

Right upper limb – 0

Left upper limb – 5

Right lower limb -0

cart become strong and efficient by oiling. If there is complete *Vata* vitiation without any form of association (obstruction), it should be addressed with oleation therapy initially. *Snehana* is highly important in such a situation. It balances the *Vata Doshas* and provides *Pushti Prasada* (food for the *dhatu*).<sup>[6]</sup> When *Abhyanga* is performed for a long enough period of time, the oil reaches the various *Dhatu*s. As a result, it is apparent that the strength of the medicine in the oil gets absorbed into the skin. It relieves the symptoms of that *Dhatu*'s ailments.

2. *Swedana* (fomentation) – *Swedana* encourages person to sweat. *Mala* is a sort of *Sweda*. *Sweda* helps to clear the body of impurities. *Dhatvagni* and *Bhutagni* are linked to *Sweda*. *Swedana* medicines by *Ushna* and *Tikshnaguna* can penetrate the microcirculatory channels (*Srotas*) and trigger the sweat glands, causing them to produce more sweat. After dilatation of the micro channels, *Laghu* and *Snigdhadasha* enter the channels and lead them to go towards *Kostha* or excrete them through the skin's micro pores as sweat, resulting in *Srotoshodhana*. With the use of *Vamana* or *Virechana* therapy, the *Dosha* brought in *Kostha* is evacuated from the body.<sup>[7]</sup>
3. *Snehayukta Virechana* (Purgation) – *Virechana* is the procedure for expelling the *Doshas* through *Adhomarga* i.e., *Guda*. This *Karma* is mostly used to reduce *Pitta Doshas*. *Virechana* therapy results in the purification of circulation channels, the clarity of sense organs, the lightness of the body, a rise in energy, and the promotion of health. *Virechana* drugs are *Ushna* (hot), *Tikshna* (sharp), *Sukshma* (subtle), *Vyavayi* (pervades the entire body before being digested), and *Vikasi* (causing looseness of joints). *Virechana Dravya* reaches the heart and circulates throughout the body through the vessels due to their inherent efficacy. They liquefy the compact *Doshas* due to their *Agneya* character. They separate the adhering *Doshas* in the channels of the entire body due to their *Tikshna Guna*. This hazardous substance enters the stomach due to its natural ability to travel through tiny channels and flow towards the gastro intestinal system. The *Doshas* or diseased material are expelled down the descending tract due to the predominance of *Prithvi* and *Jala mahabhutas* in *Virechana* medicines, and their special action (*Prabhava*) to go downwards (anus).<sup>[8]</sup>
4. *Basti* (Enema) -When *Basti* is brought into the *Pakwashaya*, the *Veerya* of *Basti* reaches all throughout the body, collects the collected *Doshas* and *Shakrut* from the *Nabhi*, *Kati*, *Parshwa*, and *Kukshi Pradeshas*, gives the body *Snehana*, and expels the *Dosha* together with *Pureesha*. It is '*Amrutopamam*' for patients with *Kshina Majja*, *Shukra*, and *Oja*, according to *Charakacharya*, and has properties such as *Balya*, *Brimhana* and *Pushtikara*.<sup>[9]</sup>

5. *NiruhaBasti* (Decoction based enema) In *Niruha Basti Madhu* possesses *Yogavahi* and *Sukshma Marga Anusarita*, functions as a catalyst, penetrating the *Sukshma Srotas*. The *Laghu* and *Tridosha Shamaka Gunas* were introduced to the *Saindhava Lavana*. The *Snigdha Guna* of *Sneha Dravya* (*TilaTaila*) combats the *Ruksha* and *Laghu Gunas* of *Vata*, resulting in *Vata Shamana*. The major medicines, *Kalka* are the ones that give the overall combo its power. It aids in the disintegration of *Mala*. *Kwatha* performs *Dosha Anulomana* and *Nirharana*
6. *Anuvasana/Sneha Basti* (Oil based enema) - *Anuvasana Basti* will hold the oil for a set period of time without generating any negative effects. *Pureeshadhara Kala* is protected by the *Snehana* effect. *Til Taila*, which has *Guru* and *Snigdha Gunas*, combats *Vata's Ruksha* and *Laghu Gunas*, resulting in *Vata Shamana*. While reviewing the *Anuvasana Basti*, *Acharya Charaka* notes *Sneha's* digestion with the words "*Sneham Pachati Pavakah*," and after digestion, *Dravya* can be taken to cause the effect on the body.

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